| Fill | in this information to | identify your ca | se: | | | | | | | | |
|-------------|--|-------------------|---|------------------------------------|------------|------|------------|-------------------------------|-------------|----------------------------------|----------|
| Del | otor 1 | Sandra Lee K | Copplin | | | | | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrupt | cy Court for the: | EASTERN DISTRICT | OF WISCONSIN | | | | | | | |
| Cas | se number 19- | 31469-GMH | | | | | Che | ck if this is: | | | |
| (If kr | nown) | | | - | | | | An amende | d filing | | |
| | | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form | <u> 106l</u> | | | | | Ī | MM / DD/ Y | YYY | | |
| S | chedule I: ` | Your Inco | ome | | | | | | | | 12/15 |
| spo atta | use. If you are sepa ch a separate shee | arated and you | are married and not filing wind spouse is not filing with the top of any additi | ith you, do not inclu | ıde infor | mati | on abou | t your spo | use. If mo | ore space is | needed, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more t | | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate information about employers. | | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | • • | | Occupation | Leasing Manager | | | | | | | |
| | Include part-time, self-employed wor | | Employer's name | Ogden Partners | , Inc | | | | | | |
| | Occupation may ir or homemaker, if i | | Employer's address | 1655 N. Water S Milwaukee, WI 5 | | | | | | | |
| | | | How long employed t | here? 1.5 yea | ars | | | _ | | | |
| Par | t 2: Give Det | ails About Mon | thly Income | | | | | | | | |
| | mate monthly inco | | te you file this form. If | you have nothing to | report for | any | line, writ | e \$0 in the | space. In | clude your nor | n-filing |
| - | u or your non-filing s e space, attach a se | • | re than one employer, co | ombine the information | on for all | empl | oyers for | that perso | n on the li | nes below. If y | you need |
| | | | | | | | For De | btor 1 | | btor 2 or ing spouse | |
| 2. | | | y, and commissions (be alculate what the monthle | | 2. | \$ | | 1,000.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross I | ncome. Add lin | e 2 + line 3. | | 4. | \$ | 4,0 | 00.00 | \$ | N/A | |

Official Form 106I

Case 19-31469-gmh

| | | | | For | Debtor 1 | | Debtor -filing s | | |
|-----|---|---|------------|-----------|----------------|-----------|---------------------|------------|------------------|
| | Сору | line 4 here | 4. | \$ | 4,000.00 | \$ | | N/A | <u> </u> |
| 5. | List a | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 689.34 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$_ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$_ | | N/A | |
| | 5e. | Insurance | 5e. | \$ | 261.80 | \$_ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$_ | 0.00 | + \$_ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 951.14 | \$ | | N/A | 1 |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,048.86 | \$ | | N/A | |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property cettlement. | | • | | • | | | _ |
| | 04 | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$_ | | N/A | _ |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | \$_ \$ | 0.00 | \$_ \$ | | N/A N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$_ \$ | 0.00 | \$ \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: Prorated Tax Refunds | 8h.+ | \$ | 245.00 | + \$ _ | | N/A | <u> </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 245.00 | \$_ | | N/ | A |
| 10. | | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 3,293.86 + \$_ | | N/A | = \$ _ | 3,293.86 |
| 11. | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | . 12. | \$ | 3,293.86 |
| | | | | | | | , | Combi | ned ly income |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | • |
| | | No. | | | | | | | |
| | | Yes. Explain: | | | | | | | |

| Fill | in this information to identify your case: | | | | | |
|-------------|---|--|-----------|----------|------------------|---|
| Deb | otor 1 Sandra Lee Kopplin | Check if this is: | | | | |
| Dah | otor 2 | | | | mended filing | ving postpotition abouter |
| | ouse, if filing) | | | | | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: EASTERN DISTRICT OF WISCO | DNSIN | | MM / | DD / YYYY | |
| | se number 19-31469-GMH (nown) | | | | | |
| O | fficial Form 106J | | | | | |
| S | chedule J: Your Expenses | | | | | 12/15 |
| info nur | as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | | |
| Par 1. | tt 1: Describe Your Household Is this a joint case? | | | | | |
| | ■ No. Go to line 2. | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> . | s for Separate Househ | old of De | ebtor 2. | | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | | ependent's ge | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | Son | | 5 | | Yes |
| | | Daughter | | 7 | | □ No ■ Ya a |
| | | Daughter | | | | ■ Yes □ No |
| | | | | | | □ Yes |
| | | | | | | □ No |
| _ | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | | |
| Par | rt 2: Estimate Your Ongoing Monthly Expenses | | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless to benses as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | | |
| the | clude expenses paid for with non-cash government assistance is value of such assistance and have included it on <i>Schedule I:</i> ificial Form 106I.) | | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgage | 4. | \$ | | 1,200.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · — | | 0.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. | ъ | | 0.00 |

Official Form 106J Schedule J: Your Expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

| 6a. \$ 6b. \$ | | |
|------------------|-------------------------------|---|
| | | |
| 6h \$ | 250.00 |) |
| ου. ψ | 0.00 |) |
| 6c. \$ | 210.00 |) |
| 6d. \$ | 0.00 | _ |
| 7. \$ | 650.00 |) |
| 8. \$ | 0.00 | _ |
| 9. \$ | 30.00 | _ |
| 10. \$ | 0.00 | _ |
| 11. \$ | 65.00 | _ |
| · · · · · | 00.00 | _ |
| 12. \$ | 300.00 |) |
| 13. \$ | 65.00 | <u> </u> |
| 14. \$ | 0.00 | _ |
| _ | | _ |
| | | |
| 15a. \$ | 0.00 |) |
| 15b. \$ | 0.00 |) |
| 15c. \$ | 170.00 |) |
| 15d. \$ | 0.00 |) |
| | | _ |
| 16. \$ | 0.00 |) |
| _ | | _ |
| 17a. \$ | 0.00 |) |
| 17b. \$ | 0.00 |) |
| 17c. \$ | 0.00 |) |
| 17d. \$ | 0.00 |) |
| _ | 0.00 | _ |
| 18. \$ | 0.00 | _ |
| \$_ | 0.00 |)_ |
| 19. | | |
| : I: Your Inc | | |
| 20a. \$ _ | 0.00 | _ |
| 20b. \$ _ | 0.00 | _ |
| 20c. \$ _ | 0.00 |) |
| 20d. \$ _ | 0.00 | <u> </u> |
| 20e. \$ | 0.00 |) |
| 21. +\$ | 0.00 |) |
| | | |
| \$ | 2.040.00 | |
| φ- | 2,940.00 | |
| Ψ_ | | |
| \$_ | 2,940.00 | |
| | | |
| 23a. \$ | 3,293.86 | ; |
| 23b\$ | 2,940.00 | _ |
| | 2,940.00 | |
| | | |
| 23c. \$ | 353.86 | ; |
| | year after you file this form | 23c. \$ 353.86 year after you file this form? ou expect your mortgage payment to increase or decrease because |
| | | |

Schedule J: Your Expenses

| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|--------------------|--------------|--|--|--|--|--|
| Debtor 1 | Sandra Lee Kopplin | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States B | Bankruptcy Court for the: | EASTERN DISTRICT C | OF WISCONSIN | | | | | |
| Case number | 19-31469-GMH | | | | | | | |
| (if known) | | | | | | | | |
| | | | | | | | | |
| (Spouse if, filing) United States E Case number | | | | | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have rethat they are true and correct. X /s/ Sandra Lee Kopplin | read the summary and schedules filed with this declaration and |
| Sandra Lee Kopplin Signature of Debtor 1 | Signature of Debtor 2 |
| Date June 22, 2020 | Date |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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